Best Available Copy													
	To aldoliovA te								Application or Docket Number				
PATENT APPLICATION FEE DETERMINATION RECOR									101032116				
Effective October 1, 2001								7808-404L					
	÷	CLAIMS AS	Column		(Column 2) SMAL		SMALL EI		OR	OTHER SMALL			
TOTAL CLAIMS			23					RATE	FEE	ŀ	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	ОЯ	BASIC FEE	740.00	
TOTAL CHARGEABLE CLAIMS			2 3 minus 20=		٠ 3			X\$ 9=		OR	X\$18=		
INDEPENDENT CLAIMS			6 minus 3 =		• 3			X42=		ОЯ	X84=		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT					+140=		OR	+280=		
• 11	the difference	in column 1 is	less than ze	ro, ente	"O" in column 2			TOTAL		OR	TOTAL		
CLAIMS AS AMENDED - PART II								<b>)</b>			OTHER		
(Column 1) (Column 2) (Column 3) CLAIMS HIGHEST									ENTITY	OR I	SMALL		
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.23	Minus	* 6	13			X\$ 9=		OR	X\$18=		
	Independent	. (0	Minus	date (	0	:		X42=		OR	X84=		
۷	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	ENDEN	CLAIM			+140=			+280=		
2/2/06							ِ ا	TOTAL		OR	TOTAL		
								ADDIT. FEE		OR	ADDIT. FEE		
		(Column 1)		(Colu	mn 2) ÆST	(Column 3)	1.		4001			1001	
AMENDMENT B		REMAINING AFTER AMENDMENT		NUM PREVI	BER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	. 23	Minus	**	23	-	]	X\$ 9=		OR	X\$18=		
	Independent	• 6	Minus •••		10	•		X42=	·	OR	X84=	•	
	FIRST PRESE	NTATION OF MI	JLTIPLE DEPENDE		T CLAIM		+14	+140=		OR	+280=		
								TOTAL ADDIT, FEE		OR	YOTAL ADDIT, FEE		
(Column 1) (Column 2) (Column 3)										-			
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI		PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	**************************************	Minus	**	···	=	1	X\$ 9=		OR	X\$18=	7.65	
	Independent	•	Minus	***		-	1	X42=			X84=		
₹	FIRST PRESE	NTATION OF M	ULTIPLE DEPENDEN		TOLAIM .		]	~~~		OR			
										OR	+280=		
•	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR	TOTAL ADDIT. FEE		
"If the "Highest Number Previously Paid For" IN THIS SPACE IS less than 3, enter "3."  ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													
FORM PTO-678 (RIM MO1) Patient and Trademark Office, U.S. DEPARTMENT OF COMMERCE												COMMERCE	